

To:
Dentists
HMOs and other
Managed Care
Programs

Common prior authorization problems for dentists

The tips in this *Update* can help dentists successfully complete prior authorization (PA) requests.

Through prior authorization (PA), Wisconsin Medicaid strives to ensure that recipients receive medically necessary and appropriate services in a cost-effective manner.

The recipient's 10-digit Medicaid number must be entered *exactly* as it appears on the Medicaid identification card or as indicated on Medicaid's Eligibility Verification System so that procedures are billed for the correct recipient.

Wisconsin Medicaid understands that successfully completing PA requests can be challenging. Occasionally clinical or clerical errors are made during the process, resulting in PA returns.

Wisconsin Medicaid has identified some of the most common PA problems and has created this *Update* as a tool for dentists to use while preparing PA requests. Reviewing this *Update* just prior to submitting PA requests could help decrease the number of PA returns.

Most common reasons for prior authorization returns

The following are four "return hot spots" to watch for when completing PA forms:

- **Element 2, Prior Authorization/Dental Request Form (PA/DRF):** The recipient's 10-digit Medicaid number must be entered *exactly* as it appears on the Medicaid identification card or as indicated

on Medicaid's Eligibility Verification System so that procedures are billed for the correct recipient. The Medicaid identification number contains only *numerical* digits, and it must correspond with the name of the individual for whom the PA is being requested.

- **Element 20, PA/DRF:** *Sign and date* the PA/DRF.
- **The top of pages one and three of the Prior Authorization/Dental Attachment (PA/DA):** Enter the PA number, the recipient's Medicaid number, the billing provider's number, and the performing provider's number (if different than the billing provider's number) on both pages one and three of the PA/DA. The PA/DA form will not be returned for lack of the performing provider number if the performing and billing providers are the same.
- **Include necessary charts in PA request:** Include necessary X-rays and periodontal charting in the PA request so that a decision can be made based on complete information.

Checklist included to avoid common prior authorization problems

A one-page, quick-reference guide to assist you when filling out and completing a PA request is in Attachment 1 of this *Update*.

This “Checklist to Avoid Common Dental Prior Authorization Problems” illustrates and includes specific instructions for the return hot spots. The Provider Checklist, which can be found on the yellow copy of each PA/DRF, is also included on the *Update’s* attachment.

Most common clinical denials

Wisconsin Medicaid must deny incomplete or incorrect PA requests. The following are services where PAs are frequently denied:

- **Periodontal scaling** (04341) is typically returned or denied because a provider requests more quadrants than allowed.

Quadrant definition: A quadrant consists of eight teeth, regardless of the location of the teeth in the mouth. If periodontal scaling is performed on four teeth on the upper left and four teeth on the lower right, Medicaid will reimburse for one quadrant.

Solution: For example, periodontal scaling and root planing of two teeth in each of four anatomic quadrants (mandibular left, mandibular right, etc.) constitutes one quadrant, *not four*, of periodontal therapy for approval and reimbursement.

Request this number of quadrants for scaling this number of teeth in any location
1	1-8
2	9-16
3	17-24
4	25-32

Therefore, to successfully request periodontal scaling of four quadrants, the recipient must have between 25 and 32 teeth with 4-6 mm pockets.

- **Root canals** are typically denied when an adult recipient has a dental history of multiple abscessed teeth and/or multiple past extractions.

Solution: Root canals are limited for adult recipients after age 20, depending on the patient’s periodontal condition. Therefore, providers should be selective when recommending root canal therapy to recipients. Consider the following when determining whether to recommend root canal therapy:

- ✓ The recipients should have a clean, healthy, and well-restored dentition and should demonstrate a consistent pattern of appointment compliance.
- ✓ Only one or two teeth, or in exceptional cases a third tooth, would be considered for authorization for root canal therapy. Additionally, the tooth or teeth should be able to be easily restored using covered services with an above average potential for long-term retention.
- ✓ In most cases, Wisconsin Medicaid will deny a root canal for another tooth in the same arch when a recipient qualifies for a partial denture.

Follow the criteria used for evaluation of root canal therapy PA requests in the Dental Handbook, pages B74 and B75.

Complete prior authorization guidelines and instructions are included in the Dental Handbook

Please refer to the Dental Handbook, Appendices 9 through 19, for a complete list of PA guidelines for each of the major areas of service coverage, such as diagnostic services, preventive services, and restorative services. Appendices 20 through 24 contain sample PA forms and their completion instructions.

A quadrant consists of eight teeth, regardless of the location of the teeth in the mouth.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about their billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

Checklist to Avoid Common Dental Prior Authorization Problems

PA/DRF

2. RECIPIENT'S MEDICAID ID NUMBER

20. PERFORMING PROVIDER SIGNATURE
(If stamped, please stamp every copy)

Date

PA/DA

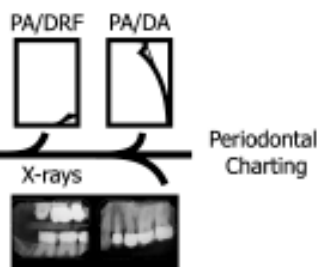
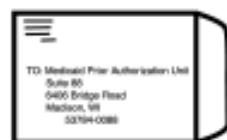
WRITE IN P.A. #
(preprinted in red ink on PA/DRF)

RECIPIENT'S MEDICAID ID #

BILLING PROVIDER #

PERFORMING PROVIDER #
(if different)

Mailing Forms



1. **Enter** the recipient's 10-digit Medicaid identification number **exactly** as it appears on the Medicaid identification card or as indicated on Medicaid's Eligibility Verification System (EVS).
2. The provider must **sign** the Prior Authorization/Dental Request Form (PA/DRF).
3. **Date** the PA/DRF.
4. **Enter** the prior authorization (PA) number (the red, preprinted number stamped at the top of the PA/DRF form) **on each page** of the Prior Authorization/Dental Attachment (PA/DA).
5. **Enter** the recipient's 10-digit Medicaid identification number **exactly** as it appears on the Medicaid identification card, or as indicated on Medicaid's EVS, **on each page** of the PA/DA.
6. **Enter** the billing provider's 8-digit Medicaid provider number **on each page** of the PA/DA.
7. **Enter** the performing provider's 8-digit Medicaid provider number **on each page** of the PA/DA.
8. **Detach and keep** the bottom copy of the PA/DRF (yellow copy).
9. **Submit** the top two forms of the PA/DRF, the necessary pages of the PA/DA, necessary X-rays, and necessary periodontal charting.
10. **Mail to:** Wisconsin Medicaid, Prior Authorization Unit, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.

PROVIDER CHECKLIST	
REQUESTS FOR PERIODONTICS, ENDODONTICS, AND SERVICES REQUIRING ENCLOSURES	
HAVE YOU ENCLOSED?	
X-rays for any of the following: Space maintainer _____ Resin window SSC/resin crown _____ Endodontics _____ Partial and fixed prosthetics _____ Surgical exposure of unerupted tooth _____ Removal of foreign body _____	Periodontal charting required for any of the following procedures: Periodontal scaling and root planing _____ Full mouth debridement _____ Periodontal maintenance _____ Partial (for perio case types II, III, IV, and V only) _____ Fixed prosthodontics (abutment teeth) _____
HealthCheck referral for any of the following: Osteoplasty/Orthognathic surgery _____ Surgical exposure of unerupted tooth _____ Fracturectomy _____ Orthodontics _____	Statement on speech impediment for: Palatal lift _____ TMJ surgery requirements - Enclose each of the following: Second surgical opinion _____ Document non-surgical treatment _____ Operative and post-operative plan of care _____ X-ray report _____
<small>When requesting upgraded crowns and upgraded partial dentures, the form "Provision of Upgraded Partial Denture and Crowns to Medicaid Recipients" in the Dental Provider Handbook (Part B) must be completed, signed, and attached to this form.</small>	

Provider Checklist
From yellow copy of PA/DRF

Refer to the Dental Handbook, pages B17-B19 and Appendices 9 through 25, for complete PA instructions.